Revision:

HCFA-PM-91-4 AUGUST 1991 (BPD)

ATTACHMENT 2.2-A

Page 1

OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	ILLINOIS		

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency\* Citation(s)

Groups Covered

ILLINOIS

DEPARTMENT OF HUMAN

The following groups are covered under this plan.

SERVICES

A. <u>Mandatory Coverage - Categorically Needy and Other</u> <u>Required Special Groups</u>

42 CFR 435.110

1. Recipients of AFDC

The approved State AFDC plan includes:

- Families with an unemployed parent for the mandatory 6-month period and an optional extension of 6 months.
- Pregnant women with no other eligible children.
- AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of <u>ATTACHMENT 2.6-A</u>.

- 42 CFR 435.115 2. Deemed Recipients of AFDC
  - a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

N No. 97-14 Supersedes TN No. 91-31 Approval Date AUG 3 0 1999

Effective Date 07-01-97

HCFA ID: 7983E

<sup>\*</sup>Agency that determines eligibility for coverage.

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 2

OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	ILLINOIS
State:	THEINOIS

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Groups Covered Agency\* Citation(s)

ILLINOIS DEPARTMENT OF HUMAN

SERVICES

- Mandatory Coverage Categorically Needy and Other Α. Required Special Groups (Continued)
  - 2. Deemed Recipients of AFDC.

1902(a)(10)(A)(i)(I) of the Act

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

402(a)(22)(A) the Act

Individuals whose AFDC payments are c. reduced to zero by reason of recovery of overpayment of AFDC funds.

406(h) and 1902(a)(10)(A) (i)(I) of the Act d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of the Act

Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

<sup>\*</sup>Agency that determines eligibility for coverage.

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 2a

OMB. NO.: 0938-

State: \_\_\_\_ ILLINOIS

Agency\*

Citation(s)

A.

Groups Covered

ILLINOIS DEPARTMENT OF HUMAN

SERVICES

Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

3. Qualified Family Members

407(b), 1902 (a)(10)(A)(i) and 1905(m)(1) of the Act.

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

X Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

1902(a)(52) and 1925 of the Act.

Families terminated from AFDC solely because of 4. earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

\*Agency that determines eligibility for coverage.

TN. No. 97-14

Approval Date AUG 3 0 1999

Effective Date 07-01-97

Supercedes

TN No. 91-31 (ATT. 2.2-A,

HCFA ID:

7983E

Page 2, Item 3)

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD) ATTACHMENT 2.2-A

Page 3

OMB NO.: 0938-

State: _		ILLINOIS		
Agency*	Citation(s)	Groups	Covered	

ILLINOIS DEPARTMENT OF HUMAN SERVICES 42 CFR 435.113 A. <u>Mandatory Coverage - Categorically Needy and Other</u> <u>Required Special Groups</u> (Continued)

- 5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
  - a. Families denied AFDC solely because of income and resources deemed to be available from-
    - (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
    - (2) Grandparents;
    - (3) Legal guardians; and
    - (4) Individual alien sponsors (who are not spouses of the individual or the individuals parent);
  - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
  - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

<sup>\*</sup>Agency that determines eligibility for coverage.

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 3a

OMB. NO.: 0938-

State: <u>ILLINOIS</u>

Citation(s) Groups Covered Agency\* Mandatory Coverage - Categorically Needy and Other Α. ILLINOIS Required Special Groups (Continued) DEPARTMENT OF HUMAN Individuals who would be eligible for AFDC 6. SERVICES except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled 42 CFR 435.114 to OASDI in August 1972, and who were receiving cash assistance in August 1972. Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). Not applicable with respect to intermediate care facilities; State did or does not cover this service. Qualified Pregnant Women and Children. 7. 1902(a)(10) (A) (i) (III) A pregnant woman whose pregnancy has been and 1905(n) of a. Medically verified whothe Act. Would be eligible for an AFDC cash (1)

\*Agency that determines eligibility for coverage.

TN. No. 97-14 Supercedes

TN No. 91-31 (ATT. 2.2-A,

Approval Date AUG 3 0 1999

Effective Date 07-01-97

HCFA ID:

payment (or who would be eligible if the State-had an-AFDC unemployed parents program) if the child had been born and was living with her;

7983E

Revision:

HCFA-PM-92-1

FEBRUARY 1992

(MB)

ATTACHMENT 2.2-A

Page 4

State:	ILLINOIS

COVERAGE AND CONDITIONS OF ELIGIBILITY

Groups Covered Agency\* Citation(s) Mandatory Coverage - Categorically Needy and Other Required ILLINOIS Α. Special Groups (Continued) DEPARTMENT OF HUMAN SERVICES Is a member of a family that would 7. (2) a. be eligible for aid to families with dependent children of unemployed parents if the State had an AFDCunemployed parents program; or

> (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902 (a) (10) (a) (i) (III) and 1905(n) of the Act. b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Children born after

(specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

\*Agency that determines eligibility for coverage.

TN. No. 97-14 Approval Date AUG 3 0 1999 Effective Date 07-01-97 Supercedes
TN No. 92-18 HCFA ID: 7983E

ם	211	Ť	C	ń	on	
$\pi$	$=$ $\vee$	_	2	_	$_{\rm II}$	

HCFA-PM-92-1 FEBRUARY 1992

(MB)

ATTACHMENT 2.2-A

Page 4a

State:	ILLINOIS	

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency\* Citation(s)

Groups Covered

ILLINOIS A. DEPARTMENT OF HUMAN SERVICES

Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

Pregnant women and infants under 1 year of age with 8. family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a) (10) (A) (i) (IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

1902(a)(10)(A) (i)(IV) and 1902(1)(1)(A) and (B) of the Act.

The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

## 9. Children:

1902(a)(10)(A) (i)(IV) 1902(1)(1)(C) of the Act.

- 1902(a)(10)(A)(i) (VII) and 1902(1) (1)(D) of the Act.
- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

AUG 3 0 1999

Effective Date 07-01-97

TN. No. 97-14 Supercedes

Approval Date \_\_\_\_\_

<sup>\*</sup>Agency that determines eligibility for coverage.

Revision: HCFA-PM-92-1

FEBRUARY 1992

(MB)

ATTACHMENT 2.2-A

Page 5

State:	ILLINOIS
Deace.	12211010

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency\* Citation(s) Groups Covered Mandatory Coverage - Categorically Needy and Other ILLINOIS Α. Required Special Groups (Continued) DEPARTMENT OF HUMAN SERVICES Individuals other than qualified pregnant women 10. and children under item A.7. above who are 1902(A)(10)(A)(i)(V) members of a family that would be receiving AFDC and 1905(m) of under section 407(b)(2)(B)(i) of the Act to the Act. limit the number of months for which a family may receive AFDC. 1902(e)(6) 11. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls. b. A pregnant woman who would otherwise lose 1902(e)(6) eligibility because of an increase in of the Act. income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day

TN. No. 97-14 Supercedes TN No. 92-18

period (beginning on the last day of

pregnancy) ends.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	ILLINO	.s	
	COVERAGE AND	CONDITIONS OF ELIGIBILITY	
Citation(s)		Groups Covered	
		datory Coverage - Categorically Needy and Other	<u>=</u>
1902(e)(4) of the Act	12.	A child born to a woman who is eligible for an receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.	the ed ne ole
42 CFR 435.120	13.	Aged, Blind and Disabled Individuals Receiving Cash Assistance	į
		a. Individuals receiving SSI.	
		This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SS under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.	ion ng an
		Aged Blind Disabled	<b>∵</b> 4.
		Gr.	Veril

TN No. 92-18					
Supersedes	Approval Date	6-5 <del>9</del> 2	Effective I	Date	1-1-92
TN No. 91-31				•	

Pevision:

HCFA-PM-91-4 (BPD)

AUGUST 1991

ATTACHMENT 2.2-A

Page 6a

OMB NO.: 0938

State: ILLINOIS	
Agency *Citation(s)	Groups Covered

X b.

ILLINOIS DEPARTMENT OF HUMAN SERVICES A. <u>Mandatory Coverage - Categorically Needy and Other</u> Required Special Groups (Continued)

435.121

1619(b)(1) of the Act Required Special Groups (Continued)

Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

X Aged
X Blind
X Disabled

The more restrictive categorical eligibility criteria are described below:

Not applicable

(Financial criteria are described in ATTACHMENT 2.6-A).

\*Agency that determines eligibility for coverage.

No. 97-14 Approval Date AUG 3 0 1999 Effective Date 7-1-97

Supersedes
TN No. 91-31